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PRINTED: 12/14/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF MADISON		STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 12/11/2017 at 10:04 AM, revealed two penetrations one by metal-clad cable penetration and one by 1 ½ metal pipe in the 1 hour gypsum ceiling of the riser room.</p> <p>2. Observation on 12/11/2017 at 10:20 AM, revealed a protective cover missing on the door hardware of the cross corridor door by room 41.</p> <p>3. Observation on 12/11/2017 at 11:01 AM, revealed 2 improper gypsum patches (blow out patches) in the fire rated ceiling of the emergency food storage room. NFPA 101, 8.3.1.2* (2012 Edition)</p> <p>4. Observation on 12/11/2017 at 12:45 PM, revealed an HVAC duct penetrating the ceiling in the maintenance shop without a fire damper. NFPA 101, 8.3.5.7 (2012 Edition) NFPA 101, 9.2.1 (2012 Edition) NFPA 90A, 5.3.3.1 (2012 Edition)</p> <p>5. Observation on 12/11/2017 at 12:56 PM,</p>	N 831	<p>N831 Building Standards</p> <p>1.</p> <p>1.1. Both penetrations one by metal-clad cable penetration and on by 1 ½ metal pipe in the hour gypsum ceiling of the riser room was repaired on 1/5/18</p> <p>1.1.1. No residents were affected</p> <p>1.1.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.1.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of metal-clad cable penetration. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>1.2. Protective cover missing on door hardware of the cross corridor door by room 41 on order. Expecting delivery and repair by 1/19/18.</p> <p>1.2.1. No residents were affected</p> <p>1.2.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.2.3. Facility will initiate monthly prompt by 1/19/18 in TELS system to inspect integrity and existence. Any issues found non-compliant will be presented to QAPI committee for review and resolution.</p> <p>1.3. The 2 improper gypsum patches in the fire rated ceiling of the emergency food storage room were repaired by 12/28/17.</p> <p>1.3.1. No residents were affected</p> <p>1.3.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.3.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of gypsum patches will be audited annually for proper application. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>1.4. HVAC duct penetrating the ceiling in the maintenance shop without a fire damper ordered to be installed by 1/19/18.</p> <p>1.4.1. No residents were affected</p> <p>Continued on next page..</p>	1/26/18

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 2

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE HEALTHCARE OF MADISON

431 LARKIN SPRING RD
MADISON, TN 37115

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>Continued From page 1</p> <p>revealed a penetration not sealed properly by a bundle of wires in the fire rated concrete block wall by room 38. NFPA 101, 8.3.5 (2012 Edition)</p> <p>6. Observation on 12/11/2017 at 12:57 PM, revealed the fire rated block wall by room 38 was not properly sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition)</p> <p>7. Observation on 12/11/2017 at 1:09 PM, revealed a penetration by a metal-clad wire and a penetration by an insulated pipe not sealed in the fire rated concrete block wall by room 20. NFPA 101, 8.3.5 (2012 Edition)</p> <p>8. Observation on 12/11/2017 at 1:10 PM, revealed the fire rated concrete block wall by room 20 was not sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition)</p> <p>9. Observation on 12/11/2017 at 1:16 PM, revealed the fire rated concrete block wall by room 28 was not sealed at the deck. NFPA 101, 8.3.6.5* (2012 Edition)</p> <p>Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 12/11/2017.</p>	N 831	<p>1.4.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.4.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of all fire dampers. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>1.5. Penetration not sealed properly by a bundle of wires in the fire rated concrete block wall by room 38. Repairs have been made by 1/12/18</p> <p>1.5.1. No residents were affected</p> <p>1.5.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.5.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>1.5.4. Fire rated block wall by room 38 was not properly sealed at the deck. By 1/26/2018, the repairs will be completed by certified vendor using 3M firestop engineering judgement number 588439 that is based on assembly HW-D-0441. No residents were affected</p> <p>1.5.5. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.5.6. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of all sealed gaps at the deck. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>1.6. Penetration by a metal-clad wire and a penetration by an insulated pipe not sealed in the fire rated concrete block wall by room 20 has been repaired as of 1/11/18.</p> <p>1.6.1. No residents were affected</p> <p>1.6.2. Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.</p> <p>1.6.3. Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of penetrations by a metal-clad and penetration by an insulated pipe. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.</p> <p>Continued on next page... (attachment)</p>	

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1.7 Fire rated block wall by room 20 was not properly sealed at the deck. By 1/26/2018, the repairs will be completed by certified vendor using 3M firestop engineering judgement number 588439 that is based on assembly HW-D-0441.

1.7.1 No residents were affected

1.7.2 Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.

1.7.3 Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of all sealed gaps at the deck. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.

1.8 Fire rated block wall by room 28 was not properly sealed at the deck. By 1/26/2018, the repairs will be completed by certified vendor using 3M firestop engineering judgement number 588439 that is based on assembly HW-D-0441.

1.8.1 No residents were affected

1.8.2 Administrator, Maintenance director, maintenance assistant education complete on 1/8/18 by regional plant ops director.

1.8.3 Facility will initiate annual prompt by 1/19/18 in TELS system to inspect integrity and existence of all sealed gaps at the deck. Any issues found non-compliant will be presented to QAPI committee for review and any systematic changes.